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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
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OR						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
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			<del>,                                    </del>			
<u> </u>				2		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents						
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Assignee Name and Address;						
Anopolus Foundation Limited Liability Company						
1209 Orange Street						
Wilmington, DE 19801						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Pat Mathews			Date 5 June of	1808	
Name	Pat Mathews			Telephone		
- NAITIO	Authorized Person for Anopolus Foundation Limited Liability Company					

This collection of information is required by 37 CFR 1,31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)					
Applicant/Patent Owner: Anopolus Foundation Limited L	Liability Company				
Application No./Patent No.: 10/736,584 File	ed/Issue Date: December 17, 2003				
Entitled: LOSS PREVENTION SYSTEM					
Anopolus Foundation Limited Liability Company (Name of Assignee)	Corporation  (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)				
states that it is:  1.   the assignee of the entire right, title, and interest; o	or ·				
2. an assignee of less than the entire right, title and in (The extent (by percentage) of its ownership interests.)					
in the patent application/patent identified above by virtue	of either:				
<ul> <li>A. An assignment from the inventor(s) of the patent a in the United States Patent and Trademark Office a thereof is attached.</li> <li>OR</li> </ul>	pplication/patent identified above. The assignment was recorded at Reel, Frame, or for which a copy				
	pplication/patent identified above, to the current assignee as follows:				
The document was recorded in the United S	To: Anopolus Foundation Limited Liability Company  States Patent and Trademark Office at  , or for which a copy thereof is attached.				
From:To:To:To:To document was recorded in the United States Patent and Trademark Office atTo:					
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was, or concurrently is being, submitted for recordation por [NOTE: A separate copy (i.e., a true copy of the origin	y evidence of the chain of title from the original owner to the assignee oursuant to 37 CFR 3.11. inal assignment document(s)) must be submitted to Assignment ecord the assignment in the records of the USPTO. See MPEP				
The undersigned (whose title is supplied below) is author	rized to act on behalf of the assignee.				
Signature	Date				
Michael K. Colby	509-755-7262				
Printed or Typed Name	Telephone Number				
Attorney of Record, Reg# 458	16				
Title					

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